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ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):	FOR COURT USE ONLY
TELEPHONE NO.: FAX NO.:	
ATTORNEY FOR (Name): BAR NO.:	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO	1
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO COUNTY COURTHOUSE, 220 W. BROADWAY, SAN DIEGO, CA 92101-3814 FAMILY COURT BUILDING, 1555 6TH AVE., SAN DIEGO, CA 92101-3296 MADGE BRADLEY BUILDING, 1409 4TH AVE., SAN DIEGO, CA 92101-3105 NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081-6651 EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020-3941 SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910-5649	
NADGE BRADLEY BUILDING , 1409 41H AVE., SAN DIEGO, CA 92/01-3105 NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92/081-6651	
SOUTH COUNTY DIVISION, 250 E. MAIN ST., EL CAJOIN, CA 9/20/20-3941	
PETITIONER(S)	
RESPONDENT(S)	
INESI GNDENT(S)	
DECLARATION AND ORDER FOR PAYMENT OF	CASE NUMBER
ATTORNEY FEES AND COSTS OF MINOR'S COUNSEL	
	<u> </u>
I,, declare:,	
	antinian in the County of Counting
1. I am an attorney duly licensed to practice law within the State of California, pr	acticing in the County of San Diego.
2. On, I was appointed by the Sar	Diego Superior Court to represent
	in the above-entitled action.
3. a. During the period to, I have expende	ed hours on this case. Attached hereto
is a detailed billing showing the date, number of hours, and description of activity	·
advanced by me in this case. I understand I will receive payment only for services p	rovided during the last 12 calendar months.
bha:	s performed psychological evaluation(s) on
, and/or provided	d expert testimony in this case. Attached is
his/her invoice(s) for the(se) evaluation(s) in the amount of	·
4. My representation in this case is ☐ complete ☐ continuing. The total number of hours worked in this case and	
claimed is hours which includes hours of this claim.	
5. My tax ID number is	
6 My Can Diago County Vandar number is	
6. My San Diego County Vendor number is	
7. I request payment by the San Diego Superior Court at the current approved rate	te for court-appointed attorneys in the total
amount of \$ which includes the amount of this claim.	
I declare under penalty of perjury under the laws of the State of California that the	foregoing is true and correct.
Date:	
	(Signature)
	(-3)
ORDER	
The Court, upon reviewing the declaration above, and good cause appearing ther	
Court pay toand to	the sum of \$
IT IS SO ORDERED	
Date:	udge/Commissioner of the Superior Court
	LIGGER COMMISSIONAL OF THE SUNATION COURT